

# BEST AVAILABLE COPY

## CLAIMS ONLY

SERIAL NO. <span style="font-size: 1.5em; font-family: cursive;">10/016438</span>	FILING DATE
APPLICANT(S)	

CLAIMS							*		*		*		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND. DEP.		IND. DEP.		IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
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15		1					65						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	15	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	19						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS